

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2383

STATE FILE NUMBER

FILED JAN 16 1958

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Devils Elbow, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen Hosp.				Length of stay in lb 6 hrs.		d. STREET ADDRESS None. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First George Middle Thomas Last Woodin				4. DATE OF DEATH Month Jan. Day 9 Year 1958			
5. SEX Male		6. COLOR OR RACE White.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 28, 1873	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 84		IF UNDER 24 HRS. Days 84 Hours 84 Min. 84			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.				10b. KIND OF BUSINESS OR INDUSTRY Retired.		11. BIRTHPLACE (City and state or country) Columbus, Ohio.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME George Homer Woodin.				14. MOTHER'S MAIDEN NAME Lydia (Unknown.)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None.		17. INFORMANT Address Geo. Woodin Devils Elbow, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. Hypertensive Heart Disease DUE TO (b) Cardio Cerebral Anemia DUE TO (c) Cardio Cerebral Anemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 442X							INTERVAL BETWEEN ONSET AND DEATH 6 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. Month Day Year p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Jan 4-58 , to Jan 9-58 and last saw him alive on 1-9-58 Death occurred at 3:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deputy or Title) A. E. Nichols				22b. ADDRESS Waynesville, Mo		22c. DATE SIGNED 1-9-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/11/58		23c. NAME OF CEMETERY OR CREMATORY Way. Memorial Cemet.		23d. LOCATION (City, town, or county) (State) Waynesville, Mo.	
24. FUNERAL HOME Hedges Funeral Home Way, Mo.				25. DATE RECD. BY LOCAL REG. 1-10-58		26. REGISTRAR'S SIGNATURE Gula Mae Anderson	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Clarence Moss

Licensed Embalmer No. *489*

P. O. Address *Waynesville*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (to comply with the above, constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.